

PROGRAM ATTENDANCE ROSTER
Michigan Department of Consumer & Industry Services
Bureau of Construction Codes
Office of Local Government & Consumer Services
P.O. Box 30254
Lansing, MI 48909
(517) 241-9347

Page 1 of

Number of attendees

INSTRUCTOR: Complete the information below. Submit the ***original copy*** of attendance roster to the address listed above within 10 working days of program conclusion. Instructor must sign each page of the attendance roster.

Program Title	
Program Approval Number	
Credit Hours/Category - (Administration, Communication, Specialty, Technical, and/or Plan Review)	
Credits Awarded to Registration Classifications	
Instructor Name and Approval Number	
Program Location and Date	

Printed Name - MUST BE LEGIBLE	Registration #		Initials - IN	Initials - OUT
	CYCLE 1 #	CYCLE 2 #		

INSTRUCTOR'S SIGNATURE _____	Date _____
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Program Title	
Program Approval Number	
Program Location and Date	

[illegible]

INSTRUCTOR'S SIGNATURE _____ Date _____